# Transfers and Lifts Program

# HVH TRANSFER & LIFTS PROGRAM
## Table of Contents

| **Terms of Reference**<br>**Transfers & Lifts Team** | **Approval:** |
|---|---|
| **Department:** Nursing/Physiotherapy/Occupational Therapy/Therapeutic Services | |
| **Date Effective:** January 17th, 2011 | |
| **Review Date:** May 2, 2013 | |
| **No. of pages:** 2 | |

**Preamble**

Harbour View Haven (HVH) endeavors to provide safe services for residents and a safe workplace for staff. Moving residents is an important part of care services. The Transfer and Lifts Team is composed of PCWs/CCAs and LPNs who have specialized training in transfer assessments. The Physiotherapy Assistant (PTA) will act as the team leader and is responsible for providing training, refresher courses and dealing with difficult resident assessment cases.

**Policy Statement**

A Transfers and Lifts Team will be maintained in the organization to ensure that safe and appropriate assessments on moving residents are completed and used consistently by staff during a resident's stay at HVH. It is the responsibility of the Transfer and Lifts Team to promote safe, effective and consistent transfers and lifts as well as endeavor to protect both residents and staff from injury.

**Policy Objectives**

1. Respond to and complete Transfer and Lifts Assessment Requests.
2. To assist with establishing policies pertaining to transfers and lifts.
3. To ensure proper documentation and communication is carried out regarding resident's transfers.

**Scope**

All Transfer & Lifts Team Members

**Composition**

1.1 Transfer and Lifts Team will be composed of PCWs/CCAs and LPNs.

1.2 Team members serve on a voluntary basis and may resign at any time with notice to the team leader. New members may be requested as the need arises.

1.3 The team leader reserves the right to change the composition of the team as deemed necessary.

## Frequency of Meetings

2.1 The committee will endeavor to meet quarterly or at the call of the team leader.

2.2 Meeting dates will be posted.

2.3 The frequency of the meetings may be altered and team members may request meetings with appropriate rationale.

2.4 Emergency meetings can be called at any time.

## Responsibilities

3.1 To ensure that all information pertaining to a resident's transfer status is coordinated i.e. care plan, transfer book and logo(s) all read the same.

3.2 To participate in ongoing refreshers and to seek out team leader if training/assistance is required.

3.3 To ensure all resident's are assessed or reassessed as required.

3.4 Accountable to Director of Resident Care.

## Distribution

| | |
|---|---|
| **Administrator** | **Seabreeze** |
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| **Assistant Director of Care** | **Back Harbour Square** |
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# Harbour View Haven
# Transfer and Lift Assessment Request

**Resident:** _____
**Date of Request:** _____
**Requested by:** _____
**Current Transfer:** _____
**Current Concern:** _____

_____

_____

_____

**□ Focus charted this request** **Signature:** _____

**Deliver this form to the PT/OT mail slot on Floor 1**

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**For PTA Only**

**□ Form received on** _____ **(date)** **Initial** _____
**□ Transfer team notified on** _____ **(date)**
**□ Assessment completed** _____ **(date)** **Initial** _____

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**For Transfer Team Only**

**□ Transfer Assessment Completed**
**□ Focus Charting Completed**
**□ Unit Manager/RN/LPN Notified**
**□ Logo Updated**

**Transfer Method**

**□ Unsupervised**
**□ Supervised**
**□ Minimum Assist with transfer belt**
**□ Side By Side with transfer belt**
**□ One Person Pivot with transfer belt**
**□ Two Person Pivot with transfer belt**
**□ Mechanical Lift**
**Sling size** _____

**Signature:** _____ **Date:** _____
**Signature:** _____ **Date:** _____

**Return this form to PT/OT mail slot on Floor 1**

## Harbour View Haven
## Transfer and Lift Assessment

**Resident:** _____

| **How much can the Resident assist physically?** | | | | **Comments** |
|---|---|---|---|---|
| **Use of Head (nod, shake head)** | | **□ YES** | **□ NO** | |
| **Use of Arms (shoulders, elbows, wrists hands)** | | | | |
| | **Right** | **□ GOOD** | **□ FAIR** | **□ POOR** |
| | **Left** | **□ GOOD** | **□ FAIR** | **□ POOR** |
| **Use of Legs (hips, knees, ankles)** | | | | |
| | **Right** | **□ GOOD** | **□ FAIR** | **□ POOR** |
| | **Left** | **□GOOD** | **□ FAIR** | **□ POOR** |
| **Bed/Chair Mobility (turn over, sit up, scoot forward)** | | | | |
| | | **□ YES** | **□ NO** | |

## How much does the Resident cooperate?

| **Communication Problems** | | |
|---|---|---|
| **Resident speaks** | **□ YES** | **□ NO** |
| **Resident can express themselves** | **□ YES** | **□ NO** |
| **Resident can follow simple commands** | **□ YES** | **□ NO** |
| **Resident can hear spoken word** | **□ YES** | **□ NO** |
| **Resident has low level of consciousness** | **□ YES** | **□ NO** |

| **Behavioural/Emotional Problems (check any appropriate word)** | |
|---|---|
| **Predictable** | □ |
| **Anxious and Depressed** | □ |
| **Unpredictable** | □ |
| **Aggressive and Resistive** | □ |
| **Impulsive** | □ |
| **Agitated** | □ |
| **Confused** | □ |
| **Disoriented – person/place/time** | □ |
| **Attention Span/Concentration** | □ |
| **Short/long-term memory** | □ |
| **Judgement** | □ |
| **Ability to Learn** | □ |

**Does Resident have severe pain?** **□ YES** **□ NO**

**Name area and describe** _____

_____

**Is Resident very frail?** □ YES □ NO

**Does Resident have any sensation problems?** □ YES □ NO

**(numbness or tingling in arms or legs)**

**How is the Resident's vision?**

□ GOOD □ FAIR □ POOR

**GLASSES** □ YES □ NO

**How much does Resident weigh?**

**Are there any environmental factors which interfere with transfers?**

**a. The room**

□ size

□ amount of equipment/furniture/clutter

**b. The Resident**

□ equipment/attachments (w/c,walker,cane,prosthesis etc.)

**c. Size of Resident/Caregiver**

□ match of body proportions between Resident/Caregiver

**d. Assess safety of equipment (height,brakes,stability)**

□ bed

□ wheelchair

□ commode

□ easy chair

**Can the Resident weight bear?** □ YES □ NO

**Special Considerations**

**Appropriate Transfer/Lift for Resident**

**1.** **2.**

**Signature:** **Date:**

**Signature:** **Date:**

| **Transfer and Lift Types** | **Approval:** |
|---|---|
| **Department:** Nursing/Physiotherapy/Occupational Therapy/ Therapeutic Services | |
| **Date Effective:** February 27, 2004(Sling Seat Application/Hygiene Sling) March 16, 2004(Transfer & Lift Types/Transfer Belts) May 5th, 2009(Mechanical Lift), Dec. 11, 2011(Sit-Stand Aide) | |
| **Review Date:** May 2, 2013 | |
| **No. of pages:** 11 | |

**Policy Statement:**
Nursing staff members at HVH are required to be competent in carrying out transfers and mechanical lifts, including sling application. Education on transfers and mechanical lifts is included in:

a) The HVH Orientation Program for new employees
b) The Nova Scotia CCA course
c) Available from the transfer & lifts team leader upon request

Nursing staff are responsible for safety of residents when using equipment for transfers and lifts.
If a nursing staff does not feel adequately knowledgeable in the procedures of transfers and lifts and practices pertaining to them, they must seek out assistance and guidance from a supervisor or PTA.

**Policy Objectives:**
1. To promote safe, effective and consistent transfers and lifts of residents.
2. To ensure that correct sling seat is used when transferring residents with a mechanical lift.
3. To protect residents and caregivers from injury during transfers and lifts.
4. To provide clear and concise directions for caregivers and supervisors when using or referencing the six facility transfers.

**Scope:** Nursing, Physiotherapy/Occupational Therapy Services, Therapeutic Services

**Definitions:**
**A transfer** is a procedure used to assist a resident moving from one surface to another (e.g. bed to wheelchair). It is a dynamic, co-operative action between resident and staff. Resident must be able to bear weight. When doing a transfer the staff must encourage resident to help as much as possible.
**A mechanical lift** is a procedure used to move a resident who is non-weight bearing from surface to surface.

**Special Circumstances:**
1. **SAFETY: Lift slings and lift webbing must be visually inspected for fraying, rips or damage prior to each use. Any slings that are frayed, ripped or damaged are to be taken out of service and left for the PTA to dispose of. Any lift webbing that is damaged should be reported to maintenance immediately for repair and inform unit supervisor. NEVER USE damaged slings or equipment.**
2. **EHS(Emergency Health Services):** When EHS are transporting a resident, staff are only to assist with supporting the resident's head or feet. Staff may offer to move a resident with a mechanical lift. If EHS staff refuses, allow them to proceed with their own procedures.
3. **Morgue Stretcher:** Upon a resident passing, a mechanical lift should be used to move them on to the morgue stretcher.

**Procedure**
Types of transfers and lift used at HVH are:

1) Unsupervised Transfer
2) Supervised Transfer
3) One Person Minimum Assist with Transfer Belt
4) Two Person Side-by-Side with Transfer Belt
5) Two Person Side-by-Side with Transfer Belt and Sit-Stand Aid
6) Mechanical Lift

Use of a specific transfer (including sling type & size if it is a mechanical lift) is determined by members of the transfer & lifts team through a formalized assessment process. Team leader may be consulted as required. Documentation on specific transfer or lift type will be noted on resident's care plan and transfer logo posted on resident's room wall. Sling sizes are indicated with a colored dot on transfer logo above resident's bed and in resident care plan (red for small, yellow for medium and green for large).

Note: Team leader will complete all assessments for use of the Sit-Stand Aid and will be involved with transfers and lifts that are of a complex nature.

Staff may at any time request a reassessment of type of transfer used with a resident. If staff feel that the transfer posted for resident is inappropriate due to resident's physical ability on any given day, Staff may use a mechanical lift to transfer resident, ensuring that supervisor is aware of the change.

## Transfer Belts:

**Purpose**

A transfer belt is an appliance that wraps around resident's lower waist and provides staff with a safe handgrip for assisting residents to transfer. Transfer belts should be used consistently to promote safe and effective transfers. When used correctly transfer belts should make the transfer safer and more comfortable for both resident and staff.

Transfer belts are used for three of the six facility transfers:

1) One Person Minimum Assistance with Transfer Belt
2) Two Person Side-by-Side with Transfer Belt
3) Two Person Side-by-Side with Transfer Belt and Sit-Stand Aid

**Procedure**

The transfer belt is appropriate for residents who have mild to moderate balance problems. Various sizes and styles are available. There are handle loops on the back of the belt. These handles provide security to resident, and give staff better control when transferring the resident.

The following is the procedure for application:

1. Direct resident to move forward on chair or bed.
2. Inform resident why you are using a transfer belt and how it will assist in transferring.
3. Select a transfer belt of correct size and apply it securely around resident's waist. Ensure that belt is snugly applied, as abdominal area will flatten out when resident is standing and if belt is too loose it may slide up on resident.
4. Stay close to resident to avoid unnecessary strain on your back.
5. Cue residents who have body/spatial difficulties with reminders of where their feet are and when to move their feet.
6. Allow resident to then proceed with transferring or walking at a pace that is comfortable for them.
7. If a resident starts to fall while transferring, bend your knees while tightening your abdominal muscles and avoiding rotation of the spine, and gently lower resident to the floor. In most cases a mechanical lift will be required to lift resident from the floor, following RN/LPN assessment.

# Types of Transfers:

1. **Unsupervised Transfer** - (example of use: bed to chair, walker, cane or for independent ambulation).
   With this transfer resident requires no physical assistance or supervision and no verbal assistance.

2. **Supervised Transfer** – (example of use: bed to chair, walker or cane).
   With this transfer the resident requires no physical assistance. Resident may be supervised from a distance. Resident may require verbal guidance, cueing and/or device set-up.
   a. Ensure resident follows all necessary safety precautions. (ie. adjusts footrests, locks brakes).

3. **One Person Minimum Assistance with Transfer Belt** – (example of use: bed to chair, walker or cane).
   This transfer may be used for residents that are unpredictable (unsteady on feet, easily confused, occasionally dizzy, etc.). The resident may require some assistance to use equipment. In most cases the resident is still able to take steps. The resident receives physical assistance from one staff:

   a. Inform resident what they should do and how you will assist.
   b. Prepare equipment by:
      1. Adjusting bed height to wheelchair height if possible
      2. Positioning wheelchair so that resident moves towards their stronger side and wheelchair is parallel to or at a 45 degree angle to the bed allowing sufficient room for the caregiver to use proper body mechanics.
      3. Locking bed wheels and wheelchair brakes
      4. Ensure removable arm rests remain in place
   c. Cue the Resident to:
      1. Sit on edge of the bed/chair
      2. Move forward to edge of the bed/chair
      3. Place feet flat on floor
   d. Take your position by:
      1. Applying a transfer belt
      2. Standing on resident's weaker side
      3. Stabilizing resident's weaker foot with your foot (if necessary)
      4. Stabilizing resident's weaker knee with your knees (if necessary)
      5. Supporting resident with transfer belt around the waist
   e. Supervise the transfer
      1. Instruct resident to lean forward and push up from bed
      2. Give the signal: "1, 2, 3, Stand" and stand together
      3. Instruct resident to turn and reach for the farther arm rest of wheelchair if necessary
      4. Assist resident to sit on surface to which they are moving

4. **Two Person Side-by-Side with Transfer Belt**– Appropriate for a resident who can stand with assistance but may be unpredictable. Two staff are required

   a. Choose one staff to be leader and other to be an assistant.
   b. Leader:
      1. Direct resident what you are going to do and how they must help
      2. Assist resident to:
      3. Sit on edge of bed/chair

      4. Move forward to edge of bed/chair

5. Place feet flat on floor

c. Both staff: prepare equipment by:
   1. If transferring from bed: Adjusting bed height so that resident's feet are flat on the floor when they are seated on edge of bed.
   2. Placing wheelchair parallel to bed or at a slight angle on resident's stronger side, and locking all wheels on equipment in use
   3. Removing foot rests if possible or adjusting them so that they do not endanger resident or care-giver
   4. Applying a transfer belt
d. Both Staff:
   1. Stand on each side of resident
   2. Grasp transfer belt
e. Leader:
   1. Instruct the resident to lean forward
   2. Give the signal "1, 2, 3, stand"
f. Both Staff:
   1. Assist resident to sit on surface to which they are moving

## 5. Two Person Side-By-Side with Transfer Belt and Sit-Stand Aid:

(Example of use: seat to seat transfer)
Appropriate for use with residents who have good torso control, ability to weight bear, good cognition and ability to follow directions. It is designed to be used when transferring residents from a seated position to a seated position.

Special Circumstances: Rated Maximum Safe Working Load: 400 lb (182 kg)

**Procedure(2 staff required):**

**a.** Raise two split seat units up and parallel to side.

**b.** Have resident positioned at edge of surface.(bed or chair)

**c.** Apply a transfer belt and move sit-stand aid in front of resident so that their feet are firmly on platform and knees/shins are in contact with two cupped knee/shin pads.

**d.** Lock casters by stepping on brake pedal and pushing down.

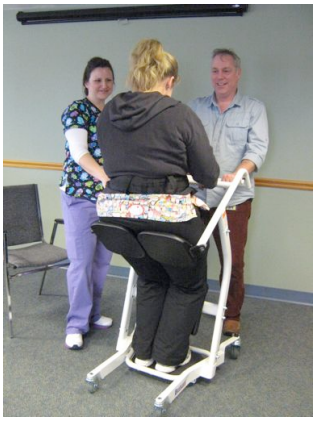
**e.** Have resident grasp cross bar closest to them. Staff members must position themselves on either side of resident and using transfer belt guide resident into a standing position.

**f.** Lower both split seat units down into position to form a complete seat.

**g.** Have resident lower themselves down onto sit-stand aid seat while keeping their knees/shins in knee/shin pads and while still holding cross bar with both hands.

**h.** Unlock brakes and place both hands on cross bar furthest from resident and move sit-stand aid to new surface. Make sure resident is secure and in proper position prior and during transfer.

**i.** Move sit-stand aid close to new surface and apply brakes.



**j.** Staff members should position themselves on either side of

resident and using transfer belt guide resident into a standing position. Raise the two split seats up and parallel to the side.

**k.** Using transfer belt guide resident down onto new surface.

**l.** Unlock brakes and move sit-stand aid slowly away while ensuring that resident's feet are clear of sit-stand aid.

(Reference: Apex Spryte Stand Aid Owner's Manual: Product # STA-182)

6. **Mechanical Lift:** Is used for moving a non-weight bearing resident or a resident who is inconsistent with transfers from surface to surface.

Use of a mechanical lift for a resident is:

a) Determined through transfer and lift team assessment. A request for reassessment can be initiated at any time. (See Appendix 1)
b) Documented on the care plan
c) Able to be used by staff on any given day a resident is unable to weight bear as usual. Advise supervisor.
d) A two person procedure, for both attaching sling and lifting resident.

**Mechanical Lift Procedure**

1. Plan the procedure.
   - Ensure bed and wheelchair brakes are in working order.
   - Ensure bed is raised at least to hip height or higher when turning a resident on their side.
   - Ensure that there are no obstacles preventing safe movement of lift and that the distance between point A and B is minimal.

2. Review resident's care plan and transfer logo posted above their bed for the appropriate transfer method for every resident. If there is any need to deviate from the normal policy/procedure it is documented in the resident care plan. Please note: "head support" straps are to be applied unless otherwise indicated in the resident care plan.

3. Residents are not to be left alone while the sling is attached to the mechanical lift.

4. Two Staff must be present for a mechanical lift transfer. One or two staff will position the sling. Use same number of staff as is required for bed repositioning as noted in the resident care plan. **Two staff are required when attaching sling to mechanical lift**. Both staff members are responsible for the proper application of the sling.
5. The resident care plan will indicate whether or not to remove sling from under resident.

6. **When using mechanical floor lift, legs of lift must be adjusted to maximum width for stability. Be mindful not to push lift sideways, as the base on some models will close when knocked against furniture and may result in tipping the lift over.** Ensure that there are no obstacles in anticipated path of lift. *It is useful to practice moving lift from chair to bed without resident to ensure there is ample room to perform actual transfer.*

## CHAIR TO BED TRANSFER

A. Applying the Sling in Chair

1. Choose appropriate size sling for resident as designated in resident care plan or wall logo with a colored dot (red=small, yellow=medium and green=large). Documentation on a resident's specific sling type or application will be on resident care plan.

2. Ensure back loops and label are facing outward.
3. Lean resident forward. If resident is unable to maintain position, second staff can assist resident to remain forward.

4. Slide sling down back of resident leaving top of commode opening at top of resident's coccyx. Check that sling is square at resident's shoulders.

5. Arrange straps for resident's lift. See care plan for customization.
    i) For **individual legs,** pass strap under one leg and up between legs. Repeat with opposite leg. Straps may be crossed or not to attach to carrier bar. Customization of the process will be indicated in resident care plan.
    ii) For **hammock-style**, pass leg straps under both legs and check that sling is pulled smoothly under legs. Appropriate for someone recovering from a stroke or fractured hip. It may designate in resident care plan to not cross straps.

    *NOTE: The PTA reserves the right to recommend alternatives to the aforementioned processes. Changes will be noted in the care plan.*

**NOTE: From this point onward there must be two staff present to continue with this procedure.**

B. Attaching the sling to the lift

6. Position lift with carrier bar just in front of resident's forehead. Attach shoulder straps on shortest loops and leg straps on longest loops.

    *NOTE: If you are having a problem with a resident leaning, it is useful to move to the next loop at shoulders. This reclines and stabilizes the resident a bit more. The grey loops can also be used as these facilitate transfers both into and out of bed safely.*

7. Check that sling is applied smoothly and symmetrically.

C. Lifting the Resident

8. As you lift the resident adjust the leg straps toward knees to ensure sling is smooth under thighs.

9. Lower carrier bar using hand control. This will enable you to attach sling loops on hooks of the carrier bar. Before moving lift, ensure that all loops are attached symmetrically and are pulled down over hooks on carrier bar.

10. Raise resident by using hand control. Before moving resident from above chair, ensure that there are no wrinkles in sling.

11. One staff should use the hand control and move the lift. The other staff should guide resident by their shoulders or knees during the lift. The guiding staff should not hold onto sling seat as this may cause the weight of resident to shift in the sling.

12. Transfer resident to bed raising them just high enough to clear bed.(about 2-4 inches) Limit time resident is suspended in lift.

13. Position resident over center of bed and lower them using hand control.

14. Unhook sling seat and move mechanical lift away.

15. Sling must be removed from under resident unless otherwise documented in resident care plan.

**NOTE: If a resident is resistive, delay transfer and contact supervisor.**

**BED TO CHAIR TRANSFER**

A. Applying Sling in Bed

1. Choose appropriate size sling for resident as designated on resident care plan or wall logo with a colored dot (red=small, yellow=medium and green=large). Documentation on customized sling type or application will be noted on resident care plan. Apply sling.

2. One staff lowers bed rail getting close to resident and gently push resident forward (using body momentum) towards other staff. If the resident care plan indicates one person for repositioning then one staff may apply sling. Encourage resident to assist with repositioning as able.

3. If resident care plan indicates that two are required for repositioning then two staff must apply sling. Once resident has been repositioned on their side, the second should hold resident in position at their shoulder and hip. Engage your core muscles when maintaining this position.

4. If resident does not turn well, second staff should assist in turning the resident from the same side of bed as the first. Pillows can be used to position the resident and prevent rolling back in bed.

5. Fold sling lengthwise – place center of commode cutout at top of resident's coccyx – NO LOWER.

6. Ensure back loops and label are on the outside, facing away from resident.

7. The center of sling (from commode cut-out to headrest) should run up along resident's spine. Tuck one half of sling under resident and other place other half over side of resident facing you.

8. Reposition resident on their back, if a second staff is present they should roll resident to opposite side and pull sling out on the other side.

B. Attaching Sling to Lift

**From this point onward there must be two staff present to continue with this procedure.**

9. Attach sling straps to carrier bar.

Note: To facilitate resident in sitting upright, attach the straps to the carrier bar - short at shoulders and long at legs.

Positioning the Straps:

i) For **individual legs,** pass strap under one leg and up between legs. Repeat with opposite leg. Straps may or may not be crossed to attach to carrier bar.

ii) For **hammock-style**, pass leg straps under both legs and check that sling is pulled smoothly under legs. This is appropriate for someone recovering from a stroke or fractured hip. It may designate in resident care plan to not cross straps.

iii) Any deviation from the normal process will be indicated in resident care plan.

10. Check that sling is applied smoothly and symmetrically.

C. Lifting the Resident

11. Place resident's wheelchair beside bed and ensure brakes are applied.

12. As you lift resident adjust leg straps toward thighs to ensure sling is smooth under thighs.

13. Lower carrier bar using hand control. This will enable you to attach sling loops on to hooks of carrier bar. You may need to raise head of bed to attach shoulder and head straps.

14. Raise resident by using hand control. Before moving lift, ensure that there are no wrinkles in sling and all loops are attached symmetrically.

15. One staff should use hand control and move lift. The other staff should guide resident by their shoulders or knees during the lift. The guiding staff should not hold onto sling seat as this may cause the weight of resident to shift in sling.

16. Transfer resident to chair by raising them just high enough to clear bed,(about 2-4 inches) Limit time resident is suspended in lift.

17. Position resident over top of back of wheelchair and lower them using hand control. Their buttocks should slide down the back of wheelchair. The wheelchair will tip in this process, but this is a good indicator that resident will be positioned correctly.

18. Unhook sling seat and move mechanical lift away.

19. The lift seat must be removed from under resident unless otherwise documented in the resident's care plan.

**NOTE: If a resident is resistive, delay transfer and contact supervisor.**

**Hygiene Sling Procedure:**

1. Staff will only use hygiene sling for a resident once assessment, approval and documentation on resident care plan by team leader.

2. The hygiene sling is only to be used for toileting purposes. It is not designed to safely move residents from bed to wheelchair.

3. The hygiene sling is only used:
   a. for transfers from bed to commode,

b. from commode to bed,
c. from wheelchair to commode, or
d. from commode to wheelchair

4. Never lift someone from lying position with hygiene sling. This can cause the resident serious injury.

5. If a resident is moving from bed to commode:
   a. The head of bed must be raised before applying sling and lifting resident or
   b. The resident must sit on side of the bed

Hygiene sling is to be applied as regular sling, remembering the following points:

a. When applying hygiene sling, ensure resident's arms are over outside of the top of sling.
b. Leg straps must always be applied **"individual legs",** one strap for one leg not hammock style.
c. Instruct resident to keep arms at their side.
d. If you notice any change in resident's consistency with this lift, complete a "Transfer and Lifts Reassessment Request Form".

**Positioning Sling Procedure:**

**Purpose:** This sling is designed to allow an individual to be lifted and positioned in a supine position. It may also be utilized to roll or turn for a frequent change of position while in bed. This sling is not suitable for a lift to a seated position.

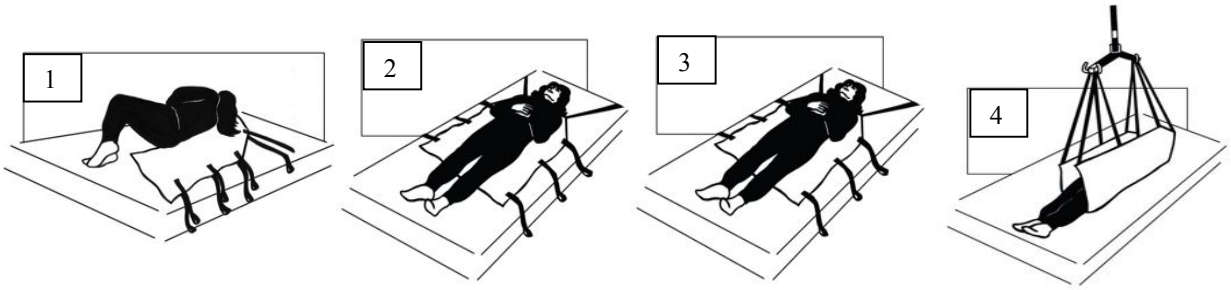
***To Position in Bed/ Transfer to flat surface***

1. Introduce sling by turning resident towards you, so that they are positioned on their side. Fold sling in half and lay it flat behind the individual. The top of sling should be level with top of the head, and bottom should be above the back of knee or with the full length positioning sling, it will extend to the end of the foot.

2. Turn resident onto their back, and ensure they are positioned in middle of the sling.

3. From one side, four sling straps can be attached to carrier bar hooks as detailed. The remaining four sling straps can now be attached in a similar manner.

4. Raise carrier bar just enough to produce tension on straps, and ensure that all straps are securely attached. The individual is now ready to be positioned towards head of the bed, or transferred to a stretcher or other flat surface.

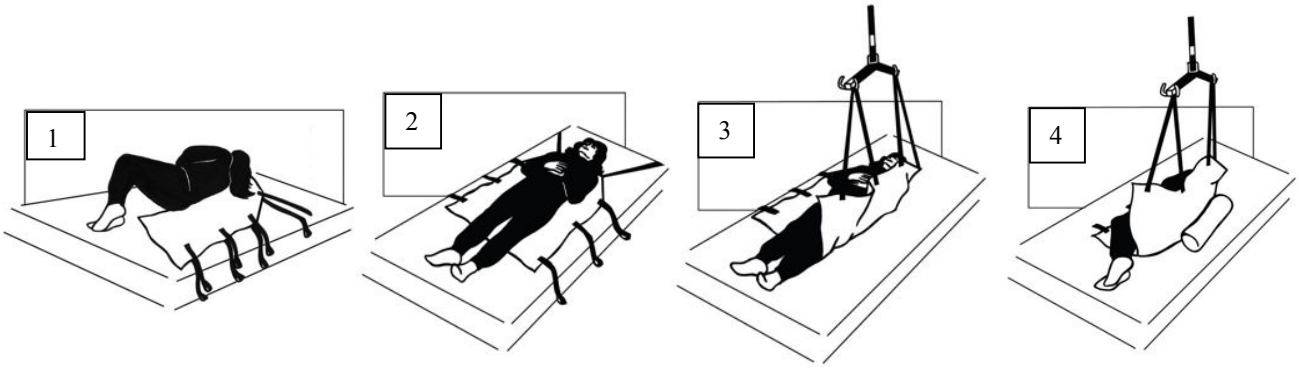



***To Turn in Bed***

1. Introduce sling by turning resident towards you, so that they are positioned on their side. Fold sling in half and lay it flat behind individual. The top of sling should be level with top of the head, and bottom should be above the back of the knee or with full length positioning sling, it will extend to end of the foot.

2. Turn resident onto their back, and ensure they are positioned in the middle of sling.

3. To turn resident to left or right, attach the four sling straps to one side of carrier bar parallel to resident. Note: carrier bar is parallel to resident.
4. To turn resident to one side, raise carry bar to the desired position and support with a pillow.
5. The sling is to remain in bed at all times, except for laundering.
   Note: A sheet should be placed over sling in bed to protect resident's skin.




**Distribution**

| | |
|---|---|
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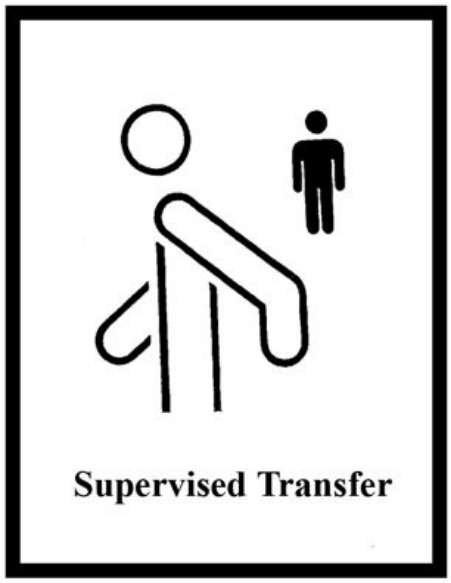
| **Performance Development** | **Quality Improvement** |

Unsupervised Transfer



Supervised Transfer

Minimum Assistance Transfer

Side-by-side Transfer

Sit-Stand Aide

Mechanical Lift